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SERIAL NUMBER 10/690,845	FILING DATE 10/23/2003 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 85202-102 ADB
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/421,095 10/25/2002 *10/23/05*

** FOREIGN APPLICATIONS *****

none 10/23/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

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TITLE

Linking neurophysiological and neuropsychological measures for cognitive function assessment in a patient

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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